

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-11-2005 90300 017 ***150.00
P04000125951

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

DOCUMENT # P04000125951 1. Entity Name CLAIRE'S TEA ROOM & GIFT SHOP, INC.					
Principal Place of Business 1664 PADGETT FARM ROAD PONCE DE LEON FL 32455			Mailing Address 1664 PADGETT FARM ROAD PONCE DE LEON FL 32455		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1368 Suite, Apt. #, etc.			
City & State DeFuniak Springs FL		4. FEI Number 42-1656606		Applied For <input type="checkbox"/> Not Applicable	
Zip 32435		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOZLOWSKI, KATHE ESQ 1550 MADRUGA AVE SUITE 301 CORAL GABLES FL 33146			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOZLOWSKI, KATHE 1664 PADGETT FARM ROAD PONCE DE LEON FL 32455		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOZLOWSKI, FRANK A 264 HURLEY DR. DEFUNIAK SPRINGS, FL 32433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3/7/05 Daytime Phone: 501 735 4378		

4/6/05